

NAVAL SUPPORT ACTIVITY NORFOLK
CAREER OPTIONS AND NAVY SKILLS EVALUATION PROGRAM
(CONSEP)
REQUEST FORM

Rate _____ **Name:** _____ **EAOS Date:** _____
 (LAST, FIRST MI)

CONSEP Dates Requested: PRIMARY: _____ **TO** _____
SECONARY: _____ **TO** _____

Note: The above dates are only requested and may be subject to change due to available seats and operational commitments. No-Cost TAD Orders are required for CONSEP. These must be picked-up at the NSA Admin Office the Friday before attending CONSEP. CONSEP locations change from class to class. Uniform of the Day for the first day of CONSEP, unless told otherwise. Working Uniforms or Cammies are not authorized, and you will be returned to your Command. If you are scheduled to attend and are "UA" from CONSEP, the Command and your Department will be notified of your absence. Upon completion of CONSEP, you will receive a certificate. Ensure a copy of this is put into your service record.

Signature: _____ **Date:** _____
 The above signature acknowledges that I have read and understood the requirements for attending CONSEP Class.

To	Yes	No	Signature	Date
Storefront C/C				
Storefront LPO				
Storefront LCPO				
Storefront Officer				
Regional LCPO				
Regional CC toCCC				

Command Career Counselor scheduled member on (date) _____ for CONSEP Class

held: **From:** _____ **To:** _____ **Location:** _____